ORGANIZATION:

ADDRESS:

EIN / TAX ID:

DONATION RECEIPT

RECEIPT NO:

DATE:

DONOR INFORMATION

DONOR NAME:

ADDRESS:

PHONE:

EMAIL:

CONTRIBUTION DETAILS

DATE RECEIVED	DESCRIPTION / CONTRIBUTION TYPE	PAYMENT METHOD	VALUE / AMOUNT

TOTAL CONTRIBUTION:

TAX-DEDUCTIBLE AMOUNT:

> *Thank you for your generous support. No goods or services were provided in exchange for this contribution other than intangible religious benefits, and the entire amount is tax-deductible to the full extent allowed by law. Please retain this receipt for your tax records.*

AUTHORIZED REPRESENTATIVE SIGNATURE

PRINTED NAME & TITLE